

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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CITY OF OXNARD
CITY CLERK

11 JAN -6 PM 3:55

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ramirez Carmen

1. Office, Agency, or Court

Agency Name

Oxnard City Council

Division, Board, Department, District, if applicable

Your Position

City Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Oxnard

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☒ Assuming Office: Date 12 / 7 / 10

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed January 6, 2010
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name M. Carmen Ramirez
--

▶ NAME OF SOURCE <u>Steve Henderson</u> ADDRESS (Business Address Acceptable) <u>4475 Market Street, Suite B, Ventura, CA 93003</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Ventura County Bar Association</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>4 / 3 / 10</u></td> <td><u>\$ 250</u></td> <td><u>Dodger Tickets</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>4 / 3 / 10</u>	<u>\$ 250</u>	<u>Dodger Tickets</u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>
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▶ NAME OF SOURCE <u>California State University Channel Islands</u> ADDRESS (Business Address Acceptable) <u>One University Drive, Camarillo, CA 930</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>State University</u> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>8 / 1 / 10</u></td> <td><u>\$ 147</u></td> <td><u>Parking Pass</u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>8 / 1 / 10</u>	<u>\$ 147</u>	<u>Parking Pass</u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u> / / </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>	<u> / / </u>	<u>\$</u>	<u> </u>
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